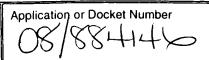
PATENT	APPLICATION	FFF	DETERMINATION	RECORD
	MEFLICATION			

Effective October 1, 1996



1	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
FOR		٨	NUMBE	R FILED		NUMBER EXTRA			RATE	FEE		RATE	FEE
BASI	C FEE									385.00	OR		770.00
TOTA	FAL CLAIMS 5 minus 20 = *							x\$11=		OR	x\$22=		
INDE	DEPENDENT CLAIMS minus 3 = *								x40=		OR	x80=	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If th	* If the difference in column 1 is less than zero, enter "0" in column 2										OR	TOTAL	770
												OTUEI	D TLI A AI
	, g ., ., ., ., .,	(Columi	n 1)		(Co	olumn 2)	(Column 3)	7 1 ~	SMALL	ENTITY	OTHER THAN OR SMALL ENTITY		1
ENT A		CLAIN REMAIN AFTE AMENDI	NING ER		NI PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* 4	7	Minus	**	5	=		x\$11=		OR	x\$22=	
ME	Independent	* /	•	Minus	***	/	= .		x40=		OR	x80=	
⋖	FIRST PRES	SENTATIO	ON OF	MULTIPLE I	DEPE	NDENT CL	AIM		+130=		OR	+260=	
	(Column 1) (Column 2) (Column 3)										OR ,	TOTAL ADDIT. FEE	
ENT B		CLAII REMAII AFTE AMENDI	MS NING ER		HI NI PRE	GHEST UMBER VIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total	*		Minus	**		=		x\$11=		OR	x\$22=	
AMEN	Independent	*		Minus	***		=		x40=		OR	x80=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260=	
		(Colum	nn 1)		(C	Column 2)	(Column 3)	l A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
ENTC		CLAII REMAII AFTE AMENDI	MS NING ER		HI NI PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
4DM	Total	*		Minus	**		=		x\$11=		OR	x\$22=	
AMENDMENT	Independent	*		Minus	***		=		x40=		OR	x80=	
¥	FIRST PRES	SENTATIO	ON OF	MULTIPLE	DEPE	NDENT CL	AIM		+130=		OR	+260=	
** lf *** lf	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

										· · · · · · · · · · · · · · · · · · ·					
PATENT APPLICATION FEE DETERMINATION RECOI								Application or Docket Number							
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							:		L ENTITY	OR	OTHER	R THAN ENTITY		
FOR	,			R FILED		NUMBER			RATE	FEE		RATE FEE			
BASI	C FEE									395.00	OR		790.00		
TOTA	AL CLAIMS 5 minus 20 = 1*					OR	x\$22=								
INDE	NDEPENDENT CLAIMS / minus 3 = *						,	x41=		OR	x82=				
MULTIPLE DEPENDENT CLAIM PRESENT							+	135=	:	OR	+270=				
* If th	ne difference in co	olumn 1 is	less than a	zero, enter "0" i	n columi	n 2		<u>L</u>	TOTAL		OR	TOTAL	190		
		CLAIN (Colur		AMENDED		RT II olumn 2)	(Column 3)	n	SMAL	L ENTITY	OR	OTHER THAN SMALL ENTITY			
AMENDMENT A		CLA REMA AFT AMEND	INING TER		NI PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NDM	Total	*		Minus	**		=	x	\$11=		OR	x\$22=			
ME	Independent	*		Minus	***		=	\	(41=		OR	x82=			
Q	FIRST PRES	SENTAT	ATION OF MULTIPLE DEPENDENT CLAIM +135=			OR	+270=								
	(Column 1) (Column 2) (Column 3)							ADD	TOTA NT. FE	- 1	OR	TOTAL ADDIT. FEE			
ENT B	**5	CLA REMA AFT AMENI	INING TER		HI NU PRE	GHEST JMBER VIOUSLY JD FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NO.	Total	*	_	Minus	**		=	×	\$11=		OR	x\$22=			
AMENDMEN	Independent	*		Minus	***		=		41 =		OR	x82=			
•	FIRST PRE	SENTAT	ION OF	MULTIPLE	DEPE	NDENT CL	AIM	+	135=		OR	+270=			
	(Column 1) (Column 2) (Column 3)							ADE	TOTA DIT. FE		OR	TOTAL ADDIT. FEE			
AMENDWENT C		CLA REMA AFT AMENC	INING TER		NI PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
MDN	Total	*		Minus	**		=	X	\$11=		OR	x\$22=			
ME	Independent	*		Minus	***		=		×41=		OR	x82=			
	FIRST PRE							+	135=	:	OR	+270=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.															